



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health  
Bethesda, Maryland 20892

Date:

TO: Management Cadre Participants

FROM: Cynthia Winder  
Program Manager  
Management Cadre Program  
TDB/DERT/OHR

SUBJECT: Request of Detail Assignment Information

Please complete the information below for all **CONFIRMED** one week or more detail assignments. Please forward completed information to me at EPS-100 or FAX to me at: 301-402-0986.

Thank you.

NAME OF PARTICIPANT: \_\_\_\_\_

DETAIL ASSIGNMENT IC: \_\_\_\_\_

DETAIL ASSIGNMENT DIRECTOR (FULL TITLE):

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

DETAIL ASSIGNMENT SUPERVISOR (FULL TITLE):

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

DETAIL START DATE: \_\_\_\_\_ DETAIL END DATE: \_\_\_\_\_

DETAIL OFFICE ADDRESS: \_\_\_\_\_

DETAIL OFFICE TELEPHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_